



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT REPORTING LOSS, DAMAGE, MISUSE, AND REPAIR OF MICROCOMPUTER EQUIPMENT	POLICY NO. 302.5	EFFECTIVE DATE 10/1/89	PAGE 1 of 2
APPROVED BY: Original signed by: ROBERTO QUIROZ <div style="text-align: right; margin-top: 10px;">Director</div>	SUPERSEDE S 102.3 7/13/89	ORIGINAL ISSUE DATE 7/13/89	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To ensure that any loss, damage, misuse or problems with Department of Mental Health (DMH) microcomputer equipment, including software, is properly reported.

POLICY

- 2.1 It is the responsibility of all DMH employees to immediately report any loss, damage, misuse, or problems with the DMH microcomputer equipment.

PROCEDURE

- 3.1 In the event of theft or loss of an item, immediately contact the Audit Compliance Team and MIS Division Microcomputer Applications Unit (MAU). **DO NOT CONTACT THE POLICE.** The Audit Compliance Team will notify the Auditor-Controller pursuant to Section 5.02.030 of the Los Angeles County Code. The report must include all items stolen or determined to be missing.
- 3.2 If an item is found to be in need of repair or damaged, the condition is to be reported to the section's PC Coordinator.
- 3.3 The PC Coordinator should contact the MIS Division by telephone to request repair. MIS MAU staff will complete the Microcomputer Repair Requisition Form (Attachment I).
- 3.4 When contacting MIS MAU for repair, please have the following information available:
 - 3.4.1 Item Description
 - 3.4.2 Name of the Equipment Manufacturer
 - 3.4.3 Model Number or Version
 - 3.4.4 Serial Number
 - 3.4.5 L.A. County Tag Number
 - 3.4.6 DMH Tag Number
 - 3.4.7 Date Purchased
 - 3.4.8 Is the item still under warranty
 - 3.4.9 Problem Description (including error messages if indicated)
 - 3.4.10 Cost Code of the requesting unit/facility

REQUEST NO. _____ - _____

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MICROCOMPUTER REPAIR REQUISITION

PART I: To be completed by MIS

A. IDENTIFYING INFORMATION

- 1. DATE RECEIVED ____/____/____ BY _____(Initials)
- 2. REQUESTOR/UNIT _____
- 3. ADDRESS _____
- 4. COST CODE _____
- 5. CONTACT PERSON _____ 6. TELEPHONE (____) _____-

B. ITEM DESCRIPTION

- 1. ITEM TO BE REPAIRED _____
- 2. MANUFACTURER / BRAND _____
- 3. MODEL NO. / VERSION _____
- 4. SERIAL NO. _____ 5. DATE PURCHASED ____/____/____
- 6. L.A. CO. TAG NO. _____ 7. DMH TAG NO. _____
- 8. IS EQUIPMENT STILL UNDER WARRANTY? YES ____ NO ____

C. PLEASE DESCRIBE THE PROBLEM (including error messages if indicated):

D. DISPOSITION

- 1. IS MIS ABLE TO REPAIR? YES ____ NO ____
- 2. REFER TO MANUFACTURER/TECHNICAL SUPPORT? YES ____ NO ____
- 3. REFER TO ADMIN. SERVICES FOR VENDOR REPAIR? YES ____ NO ____
- DATE SENT TO ADMINISTRATIVE SERVICES ____/____/____

MIS STAFF SIGNATURE

PART II: To be completed by Administrative Services

- A. DATE REQUEST RECEIVED FROM MIS ____/____/____
- B. RECEIVED ITEM TO BE REPAIRED? YES ____ NO ____ N/A ____
- C. NAME OF REPAIR VENDOR CONTACTED _____
- D. DATE COMPLETED ____/____/____

SIGNATURE/DATE